



**ALTERATION COST OF
ACCESSIBILITY CERTIFICATE
DEPARTMENT OF CODE ADMINISTRATION**

301 King Street, Room 4200
Alexandria, VA 22314

Case Number _____

Building Name: _____ Date: _____

Building Address: _____

- This is to certify that the cost of providing an accessible route exceeds 20% of the cost of the alterations to the primary function area.
- This is also to certify the overall cost of the alteration to the primary function areas.
- For the purpose of this certification, the term accessible route also includes the restrooms and drinking fountains serving the primary function area.

Cost of the alteration to the primary function areas: \$ _____

Cost of providing an accessible route: \$ _____

20% of the alteration cost: \$ _____

The cost of the following work is equal to, or more than 20% of the cost of the alteration to the primary function area:

(Alterations for accessibility route)

I hereby certify that I have the authority to make the foregoing statements and that this certification, to the best of my knowledge, is complete and correct.

Printed Name of Owner/Agent

Signature of Owner/Agent

City/County of _____ State of _____

Subscribed and sworn to before me on this _____ day of _____ 20_____

My commission expires _____

Notary Public